

#### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL **OMB Number:** 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...



Name of Offering ( check if this is an amendment and	name has changed, and indicate change.)	<del></del>
Organic Holding Company, Inc. Series C Convertib		a)
	Rule 505 Rule 506 Section 4(6	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and na	ume has changed, and indicate change.)	
Organic Holding Company, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
601 Union Street, Suite 3700, Seattle, WA 98101		(425) 837-9922
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Natural/organic food to go.		PROCESSED
Type of Business Organization		OCT 2 E agas
		please specify): OCT 2 5 2006
business trust limited partn	ership, to be formed	<b>E</b> THOMSON
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-		FINANCIAL
	anada; FN for other foreign jurisdiction)	de
CENERAL INSTRUCTIONS .		

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	<u> </u>	A DACIC IN	ENTIFICATION DATA	<u>.</u>	
2 Fotos the information of	annested Conthe Co	·	ENTIFICATION DATA		
2. Enter the information r	_	nowing: suer has been organized v	within the next five wages:		
•	·	•	•	of 10% or more o	for alace of aquity capacities of the issue
		-			f a class of equity securities of the issue
		•	corporate general and mar	raging partners or	partitership issuers, and
• Each general and	managing partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Brown, Jason	if individual)				
Business or Residence Addr 601 Union Street, Suite	•	Street, City, State, Zip C A 98101	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Bingham, Roy	if individual)	•			
Business or Residence Address 5784 Post Road, Suite 5,	•	-	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Lioon, Douglas	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
250 Ordale Boulevard, P	ittsburgh, PA 15	228			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Meehan, Peter					
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
601 Union Street, Suite	3700, Seattle, W	/A 98101			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Smith, Dave	if individual)				
Business or Residence Addr 601 Union Street, Suite	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Ciolfi, Deborah	if individual)		· "		
Business or Residence Addr One Broadway, Cambrid	,	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No <b>IX</b>		
		,			Appendix				-			
2. What is the minimum investment that will be accepted from any individual?									\$ 50,	,00.00		
										Yes	No	
											K	
comi If a p or sta	r the informa mission or sin erson to be li ates, list the n oker or dealer	nilar remune sted is an as ame of the b	ration for s sociated pe broker or d	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conno cer or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residence	Address (N	Jumber an	d Street. C	itv. State. 7	Zip Code)						
					, ,, -							
Name of	Associated B	roker or De	aler		,							
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
(Che	ck "All State	s" or check	individua	l States)						•••••	☐ Al	1 States
AL	ĀK	AZ.	AR	CA	CO	[CT]	DE	DC	FL	GA	Щ	Œ
IL		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK.	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nam	e (Last name	first, if ind	ividual)				,			<u> </u>		
Business	or Residenc	e Address (	Number an	nd Street, C	City, State, 2	Zip Code)						
Name of	Associated B	roker or De	aler							<u></u>		
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	ck "All State										∏ Ai	1 States
AL IL		AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
MT		NV	NH	NJ	NM	NY	NC	ND	ОH	OK	OR	PA
RI		SD	TN	TX	UT	VT	VA	WA	WV	WÏ	WY	PR
Full Nam	e (Last name	first, if ind	ividual)			· · · · · · · · · · · · · · · · · · ·						
Business	or Residence	e Address (1	Number an	d Street, C	Sity, State,	Zip Code)		<del></del>				
Name of	Associated B	roker or De	aler									
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individua	l States)	***************************************			•••••		•••••	☐ Al	1 States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	[GA]	HI	[ID]
IL	, IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT		NV	NH	NJ	NM	NY	[NC]	ND	ОН	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VΑ	WA	WV	[WI]	$\overline{WY}$	PR

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security		Aggregate fering Pri		А	moun So	t Already ld
	Debt	\$	594,00	0	\$_	594	1,000
	Equity	\$			\$		
	☐ Common ☐ Preferred				_		
	Convertible Securities (including warrants)	\$	6,000		\$	6,	000
	Partnership Interests	 \$	0		\$		0
	Other (Specify)				\$		0
	Total				\$	0,006	00
	Answer also in Appendix, Column 3, if filing under ULOE.		· · · · · ·		-		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Γ		gregate Amount
			nvestors			of Pu	rchases
	Accredited Investors				\$_	-	0
	Non-accredited Investors		0		\$_		0
	Total (for filings under Rule 504 only)	_	0		\$_		0
	Answer also in Appendix, Column 4, if filing under ULOE.						
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.						
	Type of Offering		Type of ecurity		I	Dollar So	Amount ld
	Rule 505				\$_		
	Regulation A				\$_		
	Rule 504		<u> </u>		\$_		<del></del>
	Total				\$_		0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.						
	Transfer Agent's Fees	•••••			\$_		
	Printing and Engraving Costs			$\Box$	\$_		
	Legal Fees			7	<b>S</b>	15,00	0
	Accounting Fees				<b>s</b> _		
	Engineering Fees				\$_		
	Sales Commissions (specify finders' fees separately)				<b>\$</b>		
	Other Expenses (identify)				<b>\$</b>		
	Total				<b>s</b> _1	5,000	)

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EX	PENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C-proceeds to the issuer."	<ul> <li>Question 4.a. This differer</li> </ul>	nce is the "adjusted gross		\$585,000
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, of the payments listed must	furnish an estimate and equal the adjusted gross		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			] \$	. 🗆 \$
	Purchase of real estate			]\$	\$
	Purchase, rental or leasing and installation of mand equipment			ן\$	□\$
	Construction or leasing of plant buildings and f			_	
	Acquisition of other businesses (including the voffering that may be used in exchange for the assistance pursuant to a merger)	ralue of securities involved seets or securities of anothe	in this r		
			_		<del>_</del>
	Repayment of indebtedness			=	· · · · · · · · · · · · · · · · · · ·
	Working capital				
	Other (specify):			] ⊅ <u></u>	. U 3
				]\$	. 🗀 \$
	Column Totals			7 <b>S</b> O	\$585,000
		otal Payments Listed (column totals added)			
		D. FEDERAL SIGNA	TURE		
sig	e issuer has duly caused this notice to be signed by t nature constitutes an undertaking by the issuer to f information furnished by the issuer to any non-a	urnish to the U.S. Securities	zed person. If this notice s and Exchange Commiss	is filed under Ru ion, upon writte	le 505, the following n request of its staff,
İss	uer (Print or Type)	Signature	D	ate	
Or	ganic Holding Company, Inc.				
Na	me of Signer (Print or Type)	Title of Signer (Print or	Type)		
las	on Brown	Chief Executive Officer	•		

# - ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230. provisions of such rule?				Yes	No <b>K</b>					
	·	See Appendix, Column 5, f	or state response.								
2.	The undersigned issuer hereby undertal D (17 CFR 239.500) at such times as		nistrator of any state i	n which this notice is t	filed a not	tice on Form					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	The undersigned issuer represents that limited Offering Exemption (ULOE) o of this exemption has the burden of es	f the state in which this notice	is filed and understa	nds that the issuer clai							
	suer has read this notification and knows th uthorized person.	e contents to be true and has du	ly caused this notice t	to be signed on its beha	alf by the	undersigned					
Issuer (	(Print or Type)	Signature		Date							
Organic	ic Holding Company, Inc.	( Jum		October 12	, 2006	;					
Name (	(Print or Type)	Title (Print or Type)		•							

Chief Executive Officer

E. STATE SIGNATURE

#### Instruction:

Name (Print or Type)
Jason Brown

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 5 1 2 3 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach Type of investor and explanation of to non-accredited offering price investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount ΑL ΑK AZAR CA\$500,000 5 X \$500,000 CO CTDE DC FL GA HI ID ILIN IA KS ΚY LA ME MD MA ΜI MN MS

#### **APPENDIX** 2 3 4 1 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) offered in state investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Series C Prfd. Stock Yes No State Yes No Investors Amount **Investors** Amount MO MT NE NV NH NJ NM \$300,000 1 \$300,000 × NYNC ND ОН OK OR PA RΙ SC SD TN TXUT VT VA WA WVWI

APPENDIX										
1	1 2 3 4 5 Disqua									
	to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under St (if yes, explan waiver	ate ULOE , attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR										